

Clinic / Doctor:



Patient data:

englisch

Procedure scheduled to take place on (date):

Infected area: _____

Dear patient, dear parents,

after soft tissue injury, you are/your child is suffering from an infection of the affected tissue. In order to prevent a spreading of the infection, your doctor has recommended surgical wound treatment.

The following text is intended to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you the advantages and disadvantages of the scheduled procedure compared with alternative methods available, and inform you of any risks specific to your case. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the treatment suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

REASONS FOR SURGERY

Through injuries, such as bites, contusions or cuts, germs, e.g. bacteria, may be introduced into the wound and lead to an infection. Depending on the type of injury, soft tissue (skin, muscles, tendons, vessels) and bones may be affected by the inflammation.

If untreated, an infection can spread rapidly, move to different areas of tissue and even lead to life-threatening blood poisoning (toxaemia) as a worst case. Spontaneous healing, even with appropriate medication, is not to be expected in your case/your child's case, or the success of such treatment is uncertain, so that surgical removal of the infected tissue has been suggested to you.

TREATMENT OPTIONS

Depending on the type of injury, the procedure will be carried out either under local or regional anaesthesia or under a general anaesthetic, in which case you will receive a separate information sheet.

If the extremities are to be operated on, surgery will be performed under ischaemia (restricted blood supply) if possible. Hereby the arm/leg is wrapped and blood supply is cut off with a tourniquet cuff. This will ensure minimal loss of blood and improved visibility during surgery.

After having made an incision in the skin, the doctor will remove the destroyed tissue and also some of the tissue around it to be safe. If need be, small tubes (drains) will be inserted in addition to drain pus from the wound. If the infection is severe, infected parts of bones may also have to be removed. You will receive a separate information sheet if this is to be done in your case.

After the inflamed tissue has been removed, the wound is usually rinsed thoroughly.

Depending on the extend of the infection, further treatment measures may be required:

- Removal of foreign objects (e.g. glass shards)**
- Insertion of antibiotic bead chains/sponges**

In order to treat the infection, so-called antibiotic bead chains or sponges can be inserted after the infected tissue has been removed. They maintain a steady concentration of antibiotic medication at the infection site for an extended period of time.

Secondary suture

Severely inflamed wounds can sometimes not be closed immediately, but have to be left open for some time and be rinsed on a regular basis. After several days, the wound can then be closed (so-called secondary suture).

Vacuum dressing

A vacuum dressing is applied to the wound, leading to consistent or varying negative pressure on the wound, which helps drain fluids from the wound. The goal of this method is to achieve faster wound healing.

Rinsing drain

This method involves surgical drains removing fluids from the wound and rinsing it at the same time, if needed with antibiotics.

If the wound is closed after treatment with a suture, the suture can usually be removed after 10-14 days.

If a lot of tissue has been removed in an extensive surgical procedure, further surgery may be required at a later point in time to restore the tissue defect, for example with a moved or pedicle skin flap or a split skin graft. You will receive a separate information sheet if this is to be done in your case.

If your tetanus vaccine protection does not suffice, you will receive a tetanus vaccination after surgery.

Your doctor will discuss the planned procedure with you.

ALTERNATIVE METHODS

Smaller infections can also be treated with medication (salves, antibiotics) and/or by immobilisation; however, this is always

accompanied by a risk of the inflammation spreading to other areas of the body.

In cases with a large inflammatory site or with deeper areas of tissue being affected, there is no viable alternative to surgery.

POSSIBLE ADDITIONAL MEASURES

If there are any additional findings during the operation, additional measures or changes in procedure may become necessary. In extreme cases, removing the entire body part (such as a finger or toe) may be required to stop the infection from spreading. If there is no other option, the doctor will carry out the necessary additional measures. Should additional measures be predictable in your case, the doctor will inform you accordingly prior to the procedure.

PROSPECTS OF SUCCESS

In most cases, the infection can be stopped successfully through surgical intervention and further damage to surrounding tissue can thus be prevented. Often, antibiotics will have to be administered in addition.

If soft tissue (muscles, tendons, blood vessels) has already been destroyed by the infection, surgery will not reverse this. If bones, tendons or muscle tissue have to be removed, this may lead to permanently impaired function.

Despite successful surgery, the infection may not heal entirely in some cases. This may require further treatment measures, even further surgery.

The cosmetic result to be expected largely depends on individual recovery. Your doctor will discuss the result to be expected in your case with you.

DIRECTIONS FOR PREPARATION AND AFTERCARE

Please follow the instructions of the doctor and of the nursing personnel closely. Unless specifically instructed otherwise, please adhere to the following guidelines:

Preparation:

Medication: Please inform your doctor of any medication you take or inject on a regular basis (in particular any anticoagulant agents such as Aspirin® [ASS], Marcumar®, Heparin, Plavix®, Ticlopidin, Clopidogrel, Eliquis®, Lixiana®, Xarelto®, Pradaxa® and metformin-containing antidiabetic medicines, so-called biguanides) or have taken irregularly over the course of the past eight days prior to the procedure (for instance pain killers such as ibuprofen, paracetamol). This includes any over-the-counter medication and herbal remedies. Your doctor will let you know if and for how long you should stop taking your medication.

Aftercare:

After surgery, the **dressing** will first of all be changed regularly. In order to monitor the healing process, further **examinations**, using X-ray if necessary, are required.

Post-surgical **pain** can usually be alleviated with medication. You will be given additional pain medication if need be.

Drains will be removed depending on the healing process. The antibiotic bead chains are usually removed one to two weeks after surgery.

You should **refrain from eating and drinking for at least 4 hours** after surgery. After that period of time, diet progression can commence in accordance with your doctor's instructions.

If extremities have been operated on, the affected extremity will often have to be immobilised using a **splint**.

Please inform your doctor immediately should you experience **increasing pain, redness of the wound, swelling, bleeding** or **fever**.

If you have had an analgesic and/or sedative administered to you, it is necessary for an adult to come and collect you if the procedure has been performed **on an out-patient basis**. Please also make sure there will be an adult at home to supervise you for the period of time recommended by your doctor. Since your reaction capacity will be impaired, you **must not actively participate in road traffic** for a period of **24 hours** after surgery (not even as a pedestrian) nor participate in any risky activities unless otherwise instructed.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

It is well known that **any medical procedure is accompanied by certain risks**. If complications occur, they may sometimes require additional treatment or surgery and, in extreme cases, can sometimes even be **life-threatening** or lead to permanent damage – even after some time. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. During the interview, your doctor will inform you of any risks specific to your case. You may also choose to waive a detailed explanation. In that event, please pass over this section on risks and confirm your waiver with your signature in the final section of this form.

Generally, any neighbouring structure within the surgical region (such as the colon, bladder, liver or stomach) is **at risk of being injured** during surgery. **Nerve injury** may require a suture of the injured nerve and lead to numbness or unrelenting pain or paralyses.

If a chronic infection is present or develops, additional surgical intervention may be needed. In the event of a **joint infection**, the affected joint may become stiff. In rare cases, germs may be introduced into the bloodstream, leading to dangerous **blood poisoning** (toxaemia) or inflammation of the endocardium (endocarditis) as a result. An infection that has spread beyond control can lead to the **loss of the limb** affected.

Soft tissue death (necrosis) may occur, especially in the event of extensive surgical intervention. Further surgery may then be required, and if tendons, muscles or nerves are affected, function may be impaired.

Allergic reactions, for instance to medication or latex, can lead to skin rash, itching, swelling, nausea and coughing. Severe reactions such as shortness of breath, spasms, tachycardia or **life-threatening circulatory shock** are rare. They may then result in permanent organ damage, such as brain damage, paralyses or kidney failure requiring dialysis.

Every operation involves a **risk of bleeding**. Most bleeding can be stopped immediately during the operation. If post-procedure bleeding occurs, additional surgery may be required. Should severe blood loss occur, the use of donor blood/blood components (**transfusion**) may be required. In very rare cases, this can lead to transmission of diseases, such as hepatitis (causing dangerous inflammation of the liver), HIV in extremely rare cases (causing AIDS), BSE ("mad cow disease") or also of other dangerous – even unknown – diseases. Lung oedema leading to lung failure, a decrease in kidney function or other dangerous immune responses can be triggered.

Postoperative bleeding inside a muscle sheath can lead to compression injury of nerves and vessels (compartment syndrome), which will then require surgery to relieve the pressure.

Damage to the skin, soft tissue or nerves (e. g. through injections, disinfectants, the use of electrosurgical instruments, the tourniquet or despite proper positioning) is possible. Numbness, paralysis and pain may then result. They are usually tem-

porary. In some cases, permanent nerve damage, tissue death or scarring may occur.

Sometimes **blood clots (thromboses)** may form, causing obstruction of a blood vessel (**embolism**). Such blood clots may then travel to other parts of the body and block the vessels of other organs. This may then lead to e.g. **stroke, kidney failure requiring dialyses** or **lung embolism** and result in permanent damage. If anticoagulant agents are administered to prevent formation of blood clots, the risk of bleeding or post-procedure bleeding is increased. If Heparin is administered, it may lead to a severe immune response (HIT) involving clotting of the platelets (thrombocytes) and obstruction of veins and of arteries.

With patients predisposed to delayed wound healing or **wound healing disorder**, painful scarring and abnormal proliferation of scar tissue (keloids) may occur. This may require corrective surgery. Scarring can lead to impairment of the **mobility** of the affected extremity.

Surgery can sometimes lead to the development of a **complex regional pain syndrome** (CRPS) including circulatory disorders, swelling of soft tissue and pain. This may result in muscle atrophy and bone loss and to a joint becoming stiff.

The application of a **vacuum dressing** can lead to increased **bleeding**, in exceptional cases also to **nerve damage**.

Important Questions for Outpatients

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/ clinic/surgeon's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

Where can you be reached within the 24 hours after surgery?
Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

Street, house number, postcode, place: [Straße, Hausnummer, PLZ, Ort]

Telephone: [Telefonnummer]

Name and age of person looking after you: [Name und Alter der Aufsichtsperson]

Who is your physician (the one whose care you are in/who referred you/family surgeon)? Wer ist Ihr überweisender Arzt / Hausarzt / weiter betreuender Arzt?

Name: [Name]

Street, house number: [Straße, Hausnummer]

postcode, place: [PLZ, Ort]

Telephone: [Telefonnummer]

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days? yes no

Aspirin® (ASS), Clopidogrel, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, EfiEnt®, Brilique®, Ticlopidin, Xarelto®, Iscover®.

Angaben zur Medikamenteneinnahme: Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt? Aspirin® (ASS), Clopidogrel, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, EfiEnt®, Brilique®, Ticlopidin, Xarelto®, Iscover®.

Any other: _____
Sonstiges:

When did you take the last dose? _____
Wann war die letzte Einnahme?

Do you take any other medications? yes no

Werden andere Medikamente eingenommen?

If so, which ones: _____
Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.) (Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Have you ever received a blood transfusion? yes no

Haben Sie schon einmal eine Bluttransfusion erhalten?

Were there any complications? yes no

Ergaben sich dabei Komplikationen?

If so, which ones? _____
Wenn ja, welche?

Are you pregnant? not certain yes no

Sind Sie schwanger?

nicht sicher

Are you currently breast feeding a baby? yes no

Stillen Sie?

Do you smoke? yes no

If so, what and how much daily: _____
Rauchen Sie? Wenn ja, was und wie viel täglich:

Do you have or have you ever had any of the following diseases?

Liegen oder lagen nachstehende Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

Increased bleeding tendency (e.g. frequent nose bleeds, increased post-operative bleeding, increased bleeding from minor injuries or after dentist treatment, stronger or longer menstrual bleeding), tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung? Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung, verstärkte oder verlängerte Regelblutung), Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Blood clot (thrombus) / blood vessel occlusion (embolism)? yes no

Blutgerinnsel (Thrombose)/Gefäßverschluss (Embolie)?

Allergies / Oversensitivity? yes no

Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons), pollen (grass, trees), anaesthetics, metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: _____
Sonstiges:

Heart, circulatory or blood vessel diseases? yes no

Heart attack, chest pain and/or tightness (angina pectoris), heart defect, irregular heart rhythm, inflammation of heart muscle, heart valve disease, shortness of breath while climbing stairs, heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator), high blood pressure, low blood pressure, stroke, varicose veins, inflammation of a vein, thrombosis, embolism.

Herz-/Kreislauf-/Gefäß-Erkrankungen? Herzinfarkt, Angina pectoris (Schmerzen im Brustkorb, Brustenge), Herzfehler, Herzrhythmusstörungen, Herzmuskelentzündung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck, Schlaganfall, Krampfadern, Venenentzündung, Thrombose, Embolie.

Any other: _____
Sonstiges:

Diseases of the respiratory tract (breathing passages) or lungs? yes no

Asthma, chronic bronchitis, inflammation of the lungs, emphysema, sleep apnoea (intense snoring with breathing interruptions), vocal cord/diaphragm paralysis.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis, Lungenentzündung, Lungenemphysem, Schlafapnoe (starkes Schnarchen mit Atemaussetzern), Stimmband-Zwerchfelllähmung.

Any other: _____
Sonstiges:

Metabolic diseases? yes no

Diabetes (sugar sickness), Gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Any other: _____
Sonstiges:

Thyroid diseases? yes no

Underactive thyroid, Overactive thyroid, Nodes, Thyroid swelling (goitre).

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion, Knoten, Kropf.

Any other: _____
Sonstiges:

Kidney diseases? yes no

kidney insufficiency, kidney inflammation.

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung.

Any other: _____
Sonstiges:

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Any other: _____
Sonstiges:

Predisposition to impaired wound healing, abscesses, fistulas, excessive scar formation (keloids)? yes no

Neigung zu Wundheilungsstörungen, Abszessen, Fisteln, starker Narben-Bildung (Keloide)?

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____
Bitte kurz beschreiben:



Medical documentation for the informative interview

Ärztl. Dokumentation zum Aufklärungsgespräch

To be completed by the doctor Wird vom Arzt ausgefüllt

Über folgende Themen (z. B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativmethoden, Erfolgsaussichten) habe ich den Patienten/die Eltern im Gespräch näher aufgeklärt:

- Infected area:** Infizierter Bereich: _____
- Removal of foreign objects (e.g. glass shards)**
Entfernung von Fremdkörpern (z. B. Glassplitter)
- Einlage von Antibiotikaketten/-schwämmen**
Insertion of antibiotic bead chains/sponges
- Secondary suture** Sekundärnaht
- Vacuum dressing** Unterdruck-Verband (Vakuumverband)
- Rinsing drain** Spül-Drainage

Capability to give wilful consent:

Fähigkeit der eigenständigen Einwilligung:

- The patient is **capable of making a decision** on the recommended procedure on his/her own and giving his/her consent for the procedure.
Der/Die Patient/in besitzt die Fähigkeit, eine **eigenständige Entscheidung** über die empfohlenen Maßnahme zu treffen und seine/ihre Einwilligung in den Eingriff zu erteilen.
- The **minor's** ability to reason and power of judgement are sufficient. Therefore, his/her consent/rejection and that of the parents/legal guardian are required.
Die/Der **Minderjährige** verfügt über hinreichende Einsichts- und Urteilsfähigkeit, weshalb ihre/seine Zustimmung/Ablehnung und die der Eltern/des Vormunds eingeholt werden.
- The patient is represented by a **custodian** with a custodian's card which states that he/she is also responsible for the patient's healthcare, or by a trusted person with a healthcare proxy. The child is represented by a parent/both **parents** or a legal guardian. These persons are capable of making a decision in the best interest of the patient/the child.
Die Patientin/Der Patient wird von einem **Betreuer** mit einem die Gesundheitsorge umfassenden Betreuerausweis oder einer Vertrauensperson mit einer Vorsorgevollmacht bzw. das Kind von seinen **Eltern**/einem Elternteil oder einem Vormund vertreten. Diese sind in der Lage, eine Entscheidung im Sinne des Patienten/des Kindes zu treffen.
- Custodian's card healthcare proxy
- advance healthcare directive has been submitted.
- Betreuerausweis Vorsorgevollmacht Patientenverfügung liegt vor.

Place, date, time [Ort, Datum, Uhrzeit]

Doctor's signature [Unterschrift der Ärztin/des Arztes]

Patient's refusal **Ablehnung**

The doctor _____ has given me/us a full explanation of the procedure proposed and of the disadvantages that will result from my/our refusal. I/We have understood this explanation. I/We hereby refuse the procedure that has been proposed.

Die Ärztin/der Arzt hat mich/uns umfassend über die vorgeschlagene Maßnahme und über die sich aus meiner/unserer Ablehnung ergebenden Nachteile aufgeklärt. Ich/Wir habe(n) die diesbezügliche Aufklärung verstanden. Ich/Wir lehne(n) die vorgeschlagene Maßnahme ab.

Place, date, time [Ort, Datum, Uhrzeit]

Refusal of the patient /parent(s)* / legal guardian(s)/witness, if any
(Ablehnung Patient / Eltern* / Betreuer / Vormund / ggf. des Kindes/ggf. des Zeugen)

DECLARATION OF CONSENT EINWILLIGUNGSERKLÄRUNG

Please tick the appropriate boxes and confirm your statement with your signature below:

- I/We hereby confirm that I/we have understood all the parts of this explanation for patients.** I/We have read this explanatory document (5 pages) in its entirety. During the explanatory appointment the doctor _____ has given me/us a comprehensive explanation of how the procedure scheduled is carried out, its risks, complications and side effects in the specific case of me/our child, and the advantages and disadvantages of the alternative methods. **Ich/Wir bestätige(n) hiermit, dass ich/wir alle Bestandteile der Patientenaufklärung verstanden haben.** Diesen Aufklärungsbogen (5 Seiten) habe(n) ich/wir vollständig gelesen. Im Aufklärungsgespräch mit der Ärztin/dem Arzt wurde(n) ich/wir über den Ablauf des geplanten Maßnahme, deren Risiken, Komplikationen und Nebenwirkungen in einem speziellen Fall/im speziellen Fall unseres Kindes und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.
- I/We hereby deliberately waive my/our rights to more detailed explanations.** However, I/we hereby confirm that I/we have been informed by the doctor _____ of the necessity of the procedure, of its type and extent, and of the circumstance that all procedures have their risks. **Ich/Wir verzichte(n) bewusst auf eine ausführliche Aufklärung.** Ich/Wir bestätige(n) hiermit allerdings, dass ich/wir von dem behandelnden Arzt über die Erforderlichkeit der Maßnahme, deren Art und Umfang sowie über den Umstand, dass alle medizinischen Maßnahmen Risiken bergen, informiert wurde(n).

I/We hereby confirm that I/we do not have any additional questions and do not need more time for consideration. I/We consent to the procedure proposed. I/We have answered the questions regarding my medical history (anamnesis)/the medical history of our child fully to the best of my knowledge. **Ich/Wir versichere(n), dass ich/wir keine weiteren Fragen habe(n) und keine zusätzliche Bedenkezeit benötige(n). Ich/Wir stimme(n) der vorgeschlagenen Maßnahme zu.** Die Fragen zu meiner Krankengeschichte (Anamnese)/der Krankengeschichte unseres Kindes habe(n) ich/wir nach bestem Wissen vollständig beantwortet.

My/Our consent also applies to any necessary additional measures as well as to any required changes or additions to the procedure. Meine/Unsere Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen, sowie auf erforderliche Änderungen oder Erweiterungen des Maßnahme.

I/We confirm that I am/we are capable of following the instructions given to me by my doctor. Ich/Wir versichere(n), dass ich/wir in der Lage bin/sind, die ärztlichen Verhaltenshinweise zu befolgen.

- I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

e-mail address [E-Mail-Adresse]

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of the patient / parent(s)* / legal guardian(s) [Unterschrift Patient/in / Eltern* / Betreuer / Vormund]

Copy/Kopie:

- received/erhalten
 waived/verzichtet

Signature Copy received/waived
Kopieerhalt/-verzichtet

*If only one parent signs, then by so doing this parent declares that he/she has sole rights of custody or is acting with the consent of the other parent.

